

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission:: Paper

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CANDIDA ALBICANS GENE, INTEGRIN-LIKE  
PROTEIN, ANTIBODIES, AND METHODS OF  
USE

Attorney Docket Number:: 110.00280103

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency:: National Institutes of Health

Contract or Grant Numbers:: R01 AI25827

Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Margaret  
Middle Name:: K.  
Family Name:: Hostetter  
Name Suffix::  
City of Residence:: Milford  
State or Province of Residence:: Connecticut  
Country of Residence:: US  
Street of Mailing Address:: 138 Shorefront  
City of Mailing Address:: Milford  
State or Province of Mailing Address:: Connecticut  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06460

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Cheryl  
Middle Name:: A.  
Family Name:: Gale  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: Minnesota  
Country of Residence:: US  
Street of Mailing Address:: 7092 Deerwood Lane North

City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55369

### Correspondence Information

Correspondence Customer Number:: 26813

Name Line One::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Phone Number:: (612) 305-1220

Fax Number:: (612) 305-1228

E-Mail Address::

### Representative Information

Representative Customer Number::	26813	
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OR

Representative Designation::	Registration Number::	Representative Name::
Primary/Associate		
Priamry/Associate		

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/264,604	03/08/99
09/264,604	Division of	08/642,846	05/03/96

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: Regents of the University of Minnesota  
Street of Mailing Address:: 450 McNamara Alumni Center, 200 Oak St. SE  
City of Mailing Address:: Minneapolis  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 55455-2070